

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014846

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 684

STATE FILE NUMBER

FILED MAY 7 1962

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Greene | b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield | a. STATE Missouri | b. COUNTY Greene |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital | | d. STREET ADDRESS RFD#1 | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | 5. AGE (last birthday) |
| First Middle Last CLARENCE J. GAILEY | | Month Day Year April 29, 1962 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/17/1921 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rendering Co. Employee | | 10b. KIND OF BUSINESS OR INDUSTRY Rendering Co. | 11. BIRTHPLACE (City and state or country) Sparta, Missouri |
| 13a. FATHER'S NAME James Gailey | | 13b. MOTHER'S MAIDEN NAME Rogers | 14. NAME OF HUSBAND OR WIFE Doris Gailey |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2 | | 17. INFORMANT Doris Gailey (Wife) Pleasant Hope, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH 10 hrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from 4-29-62 to 4/29/62 and last saw him alive on 4-29-62 . Death occurred at 12:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Robert C. Scanlon M.D. | | 22b. ADDRESS 1715 Boonville Springfield, Mo. | 22c. DATE SIGNED 5-2-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5/1/62 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Comfort Cemetery | 23d. LOCATION (City, town, or county) (State) Greene County, Missouri |
| 24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 5-3-62 | 26. REGISTRAR'S SIGNATURE Effie E. Mullen |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/55

10397

20390

3

4

5

6

7

8

9

10

11

12

13

MAY 7 1962

No permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max Rhodes
Licensed Embalmer No. 4071
P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.